

# ENGINEERING SPOT CHECK REPORT

## General Manual - Title 450, Part 407 - Documentation, Certification, and Spot Checking

### General Information

Field Office:		County:	
Client's Name:	Phone Number:	Location of Practice:	
NRCS Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Practice Information

Practice Name:	Code Number:	Practice Unit:
Practice Cost Shared: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Cost Shared: Program: _____ Identify Number or Name _____	
Number Units Certified:	Date Certified:	Certified By:

### Spot Check Findings

Spot Check Date:	Practice Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Practice meets all standards, specifications, and program criteria: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide any comments below. If no, explain, including what is needed to correct deficiencies.)	
Supporting Data Adequate: (Refer to WV 5-23) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide any comments below. If no, explain, including what is needed to correct deficiencies.)	

### Recommendations of Spot Checker

Follow-Up Action, Training, and Other:
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### Signature of Spot Checker:

The practice checked met specifications and the amount certified is correct.

Print Name:	Signature:	Date:
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### Action by Assistant State Conservationist-Field Operations

Describe Action Taken:	
Signature:	Date: